

Mullins, Diona (CHFS Health Policy)

From: Alexa Kerley <AKerley@healthy-ky.org>
Sent: Friday, December 05, 2014 2:51 PM
To: Mullins, Diona (CHFS Health Policy)
Subject: CON Modernization Comment- Foundation for a Healthy Kentucky
Attachments: CON Modernization Comment_Foundation for a Healthy Kentucky.pdf

Good afternoon Diona,

Attached is a copy of the Foundation for a Healthy Kentucky's comment on the CON Modernization. If you have questions or need any additional information from us, please let me know. Please confirm receipt of this electronic submission. If you require a hard copy of our comment please let me know and I will put one in the mail today.

Thank you,

Alexa

Alexa Kerley
Administrative Assistant

Foundation for a Healthy Kentucky
1640 Lyndon Farm Court, Suite 100
Louisville, KY 40223

502-326-2583 / FAX 502-326-5748

Toll free 877-326-2583

AKerley@healthy-ky.org

www.healthy-ky.org

www.kentuckyhealthfacts.org

(c)space™



FOUNDATION FOR A HEALTHY KENTUCKY

Input Regarding Core Principles – Certificate of Need Modernization

Thank you for the opportunity to offer input regarding the Core Principles, put forward by the Cabinet for Health and Family Services Office of Health Policy, for Certificate of Need (CON) Modernization.

The Foundation for a Healthy Kentucky supports these core principles, lifting up these areas for particular emphasis and concern:

- **Supporting the Evolution of the Care Delivery System.** Not only does the next system of care delivery need to be outpatient-centric, it needs to be community-centric. The Community Centered Health Home model outlined in a 2011 Prevention Institute brief with that name ([file:///C:/Users/szepeda/Downloads/HE Cmty-centered%20health%20homes_032311.pdf](file:///C:/Users/szepeda/Downloads/HE%20Cmty-centered%20health%20homes_032311.pdf)) underscores the importance of connecting community based prevention strategies to the work within clinic walls in containing health costs and improving population health. The Foundation has funded a number of innovative pilot projects that show ways in which telehealth can bring needed clinic services to remote rural communities and other projects that show the value of better integrating behavioral health and primary care services; payment practice reforms will be needed to keep pace with these positive system changes. Similarly, we have supported efforts to assure that health care can be provided by teams of professionals and community health workers with skills suited to the needed type and level of care.

We see opportunities for redesign of rural and critical access hospitals to better address community needs for Level 4 Trauma care, rehabilitation services, preventive services and chronic disease management – if payment reform makes them economically feasible. We also recognize the barrier that licensure regulations can be, if they fail to keep pace with innovation. As an example, a recent legislative change was needed, to allow licensed primary care centers to provide oral health services in schools. This policy change allows dentists to do not just the screening, but restorative care using mobile, portable or fixed equipment.

- **Incentivizing Development of a Full Continuum of Care.** Continuity of care, through provider agreements and health information system interoperability, is certainly a core principle. A concern is that the CON process not condone – in the name of “continuum of care” - practices that undermine community trust and community input into the design and operation of the health systems that serve them. For example, one concern is the potential unintended consequences of changing CON rules with regard to additional types of



providers of outpatient services in lower cost settings (e.g. ambulatory care, imaging centers, surgery centers, etc.). While in a best case, these options can increase access and lower costs, they could lead to such newer facilities drawing away ("cherry-picking") the best-paying patients, leaving existing safety net providers less able to sustain services for their remaining patients – especially those with Medicaid and those with high copays/deductibles and limited ability to afford such costs (a growing class of under-insured). CON rules should seek to improve access and contain costs while assuring a level quality playing field. *We believe that a robust and inclusive process for local and regional input and service planning will help address this issue.*

- **Improving Access to Care.** Access to community-based preventive and primary care services remains a challenge for some of Kentucky's most vulnerable residents – low income families, the elderly and persons dealing with developmental challenges, mental illness and substance abuse. Improving access starts with the ability to accurately map out where current services are – starting with medical, psychological/behavioral, and oral health service providers. It is imperative that the provider licensure and license renewal processes be updated to get the most accurate information possible on where providers practice, hours they invest in each community where they have offices, and whether their practice is open to new patients, particularly new Medicaid and Medicare patients. Failure to do so can readily result in overstating the service network available and eliminating access to funding available to medically underserved areas (MUAs) and medically underserved populations (MUPs).
- **Improving Value of Care.** It is difficult to begin the conversation about value without full transparency on price and cost (to the provider, the payer and the patient) of services provided. That must be followed or accompanied by greater clarity and consensus on value metrics, including both an understanding of the efficacy of common interventions and the impacts of interventions on patient quality of life. The Foundation will be issuing a report at the end of this year on the deliberations in a Price Transparency Symposium held in late 2014, to help advance this conversation.

Again, we thank you for this opportunity to provide input and would welcome the opportunity to be further engaged in this process as it proceeds.